

Cooperation of the public sector and third sector

YSI - Norway - Country case 3

1. The public sector and third sector

You mention in the preliminary country report that “several government white papers and strategies are pointing at the cooperation between public and voluntary organizations in order to counteract loneliness (Helse- og omsorgsdepartementet 2015; Hutchinson et. al 2013).”

- *Please describe this cooperation in more detail*
- *Country report says that “the government commits to strengthen voluntary organizations efforts to counteract loneliness”. What kinds of actions from the government this means? Are these actions put in effect, or just planned?*
- *Which NGOs and public sector organizations are involved?*
- *How did the cooperation begin? Is there a long history of cooperation between the public sector and third sector to prevent loneliness or is it a new phenomenon?*
- *Has the cooperation been successful?*
- *What does the public sector do to nurture this cooperation and/or what could it do better?*

Participation in voluntary work have long traditions in Norwegian society and well over half of the population are annually participating in voluntary work (St. Meld 39 2006-2007). From the 1980ies onward, NGOs have increasingly been cooperating with the government, for example have sport organizations contributed in implementing measures for vulnerable groups, and temperance organizations have implemented substance abuse policies (Helsedirektoratet 2014). Further, focus on voluntarism as a resource in carrying out public policies have since the early 90ies increasingly been seen against the backdrop of "modern" welfare challenges, such as social isolation, loneliness, psycho-social problems, integration and other related phenomena. These fields have in common that they concern everyday social inclusion and network, a complex policy field which is not always as easy to handle for the welfare professions (Lorentzen 2017[1]).

Public health or “folkehelse” has become a common denominator for measures aimed at strengthening the general state of health throughout the population. Public health work is regarded as cross-sectoral. As mentioned in the country report the topic of loneliness is mainly connected to health- policy, more precisely to public health and seniors.

In the first public health report, St. meld 16 (2002-2003) “Prescription for a healthier Norway”, NGOs were included as important partners in public health work. In the next white paper on the same topic Meld. St. 34 (2012-2013) Good health - shared responsibility, public health is linked

closely to participation in NGOs. Further, the white paper focus on vulnerable groups such as seniors, and meeting places for seniors (p171). In Meld St. (2014-2015) "Mestring og muligheter" seniors are mentioned as a particularly important target group.

A view common in all three white papers is that participation in voluntary organizations have positive effects on public health. Even if public health is not a specified goal for many of the voluntary organizations it is expected that participation have positive effects on establishing networks, promoting inclusion and creating a sense of belonging. Activities in NGOs may include such things as cultural performances in nursing homes, exercise/ fitness activities for seniors, visiting elderly people in their homes etc. Some organizations may have inclusion and preventing loneliness as a specified goal, in that sense seniors are "users" of services provided by NGOs. An important point to be made however is that volunteering independently may counteract loneliness through participation and inclusion. Voluntarism is thus regarded not only as means to an end but an end in itself (Lorentzen 2017) In this sense organizations appear as natural arenas for participation, this do no not reduce the need for public social work, but rather expands its opportunities and scope (Loga 2010)

There are numerous grant schemes aimed at NGOs managed by different ministries and directorates, several actions are thus put into effect. For instance, The Ministry of Health and Care Services have around 30 different grant schemes that NGOs can apply for. Further, The Directorate of Health have a grant scheme aimed at preventing loneliness called "Activities to counter loneliness and passivity" which consist of 18.8 million NOK (Helsedirektoratet 2017).

The Association of NGOs in Norway (Frivillighet Norge) an umbrella organization for the voluntary sector, alongside Kommunenes Sentralforbund (an association of municipalities) and The Ministry of Health and Care Services have jointly developed a national strategy for voluntary work in the field of health and care services (Helsedirektoratet 2015). The strategy mentions that several measures are implemented.

[1] Lorentzen contributed to a Oxford Research tender in 2016, in which the text referenced here is not published.

2. Case

Choose a best practice case of this cooperation and describe it in more detail

- *Basic info: Who, when, what, why, etc.*
- *What makes the co-operation successful? What has the public sector done to enable this? Could it do more to make cooperation more successful or impactful?*

The Ministry of Health and Care Services manages the grant scheme called "voluntary work", an application based scheme consisting of 16.5 million NOK. The objective of the grant is among other things, to facilitate work towards preventing loneliness by NGOs, 3 million of which are devoted to voluntary organizations that facilitate visiting or other type of activation measures

for seniors. Further, NOK 6.5 million of these funds are earmarked to a few named recipients among them The Red Cross, for their work with visiting services (Helsedirektoratet 2017).

According to the Red Cross website they have several thousand volunteers that are participating in the visiting service, visiting people both in their own home and at institutions. Most volunteers have one specific person that they are visiting, usually for one or two hours a week. Together they go for walks or engage in other social activities - or just meet to chat. The visiting service is not limited to seniors (Red Cross 2017).

To answer the question what public sector has done to enable cooperation between themselves and the third sector, it seems mainly to be through financial support of NGOs. When financial support is used as an instrument, the public sector is not involved directly in the actual implementation. The voluntary sector has thus authority and responsibility to decide how the measures should be designed and implemented themselves.

We have not been able to obtain any evaluations or reports that can confirm if this cooperation has been a success or not. Still the Red Cross visiting service, serves as a concrete example of a measure taken to counteract loneliness.

3. Sources

Helse- og omsorgsdepartementet - Nasjonal strategi for frivillig arbeid på helse- og omsorgsfeltet (2015-2020).

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Hutchinson, Sandvin, , Bjørge & Johansen (2013), Samarbeid mellom offentlige tjenester og aktivitetsbaserte, frivillige organisasjoner; en ressurs i sosialfaglig arbeid?

Loga (2010) Livskvalitet: Betydningen av kultur og frivillighet for helse, trivsel og lykke – en kunnskapsoversikt

St. meld 16 (2002-2003) Resept for et sunnere Norge

St. Meld 34 (2012-2013) God helse – felles ansvar

St. Meld 19 (2014-2015) "Mestring og muligheter"

Web-pages:

Frivillighet Norge -

<http://www.frivillighetnorge.no/filestore/Dokumenter/Frivillighetspolitikk/RapportenFaglighetogfrivillighet.pdf>

Helsedirektoratet 2017 - <https://helsedirektoratet.no/tilskudd/frivillig-arbeid-mv>

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